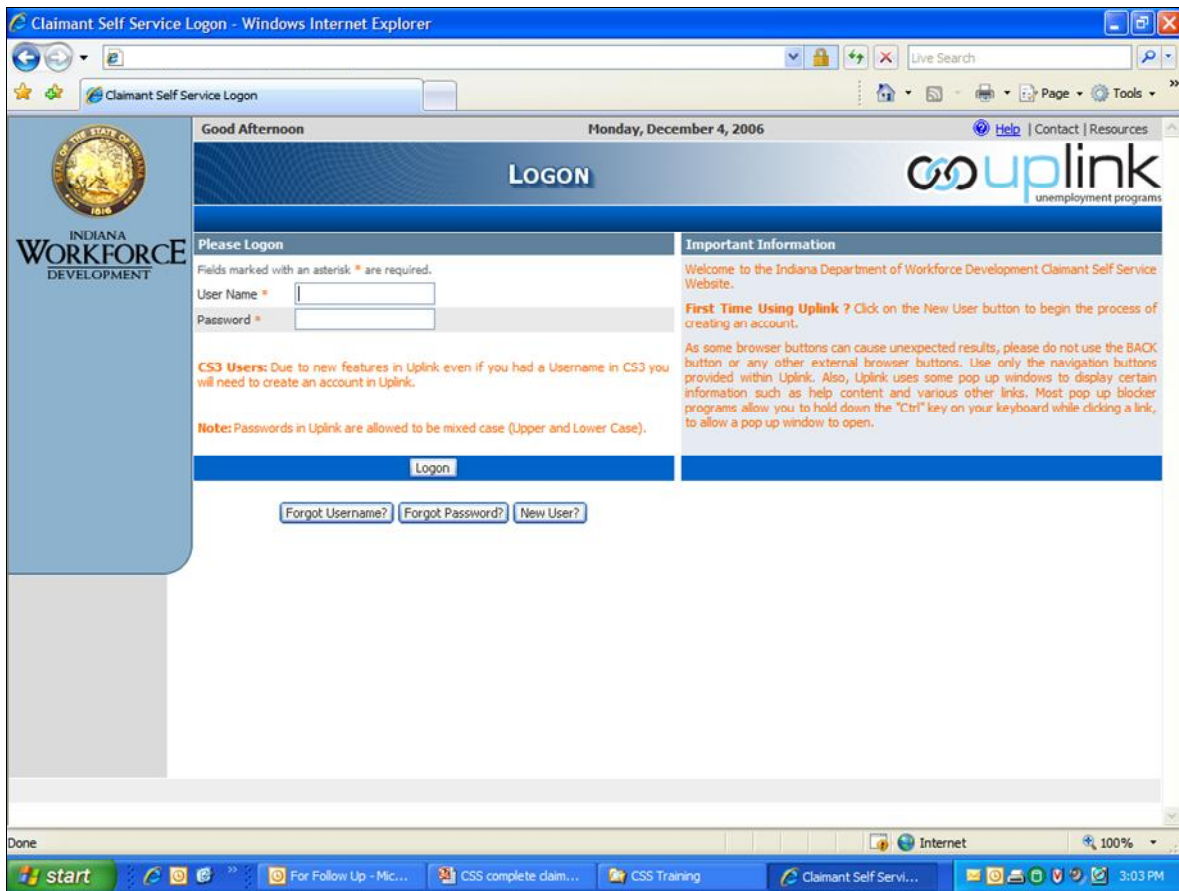




Welcome to the CSS (Claimant Self Service) System

Welcome to the Claimant Self Service tutorial. This tutorial was developed to show you what to expect and how to navigate the screens you will see if you decide to file an Unemployment claim.



If you are a first time user of Uplink, you must create a new account, even if you already have an account in CS3. To do this, click on the **New User** button.

If for any reason your Uplink account would need to be reset, you'll be instructed to click on the **New User** button to recreate your account.

Good Afternoon Monday, December 4, 2006

CREATE ACCOUNT

Sign Up For A New Account

Fields marked with an asterisk * are required.

First Name * Joe

Middle Initial

Last Name * Smith

Suffix

Social Security Number * 222 - 33 - 4444

Date of Birth * 06/18/1960 (mm/dd/yyyy)

Create a Username * smith101

Create a Password *

Re-Enter your Password *

Create your own security question * color

Answer * blue

User Agreement

Website Terms of Use Agreement

- Definitions.**
www.dwd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dwd.in.gov. "User," or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dwd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.
- Acceptance of Terms.**
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use

☒ I accept the User Agreement

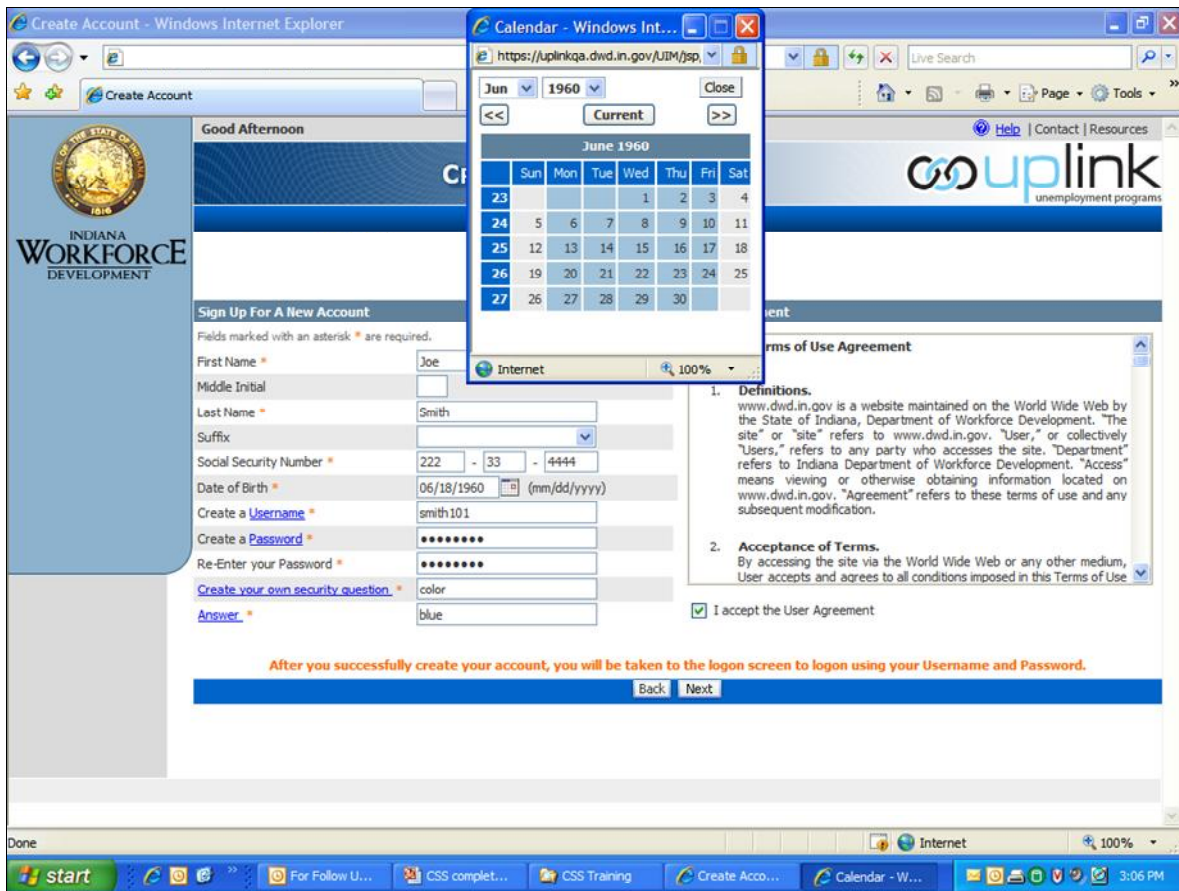
After you successfully create your account, you will be taken to the logon screen to logon using your Username and Password.

Back Next

You should complete all fields, but those fields with an asterisk just to the right are mandatory.

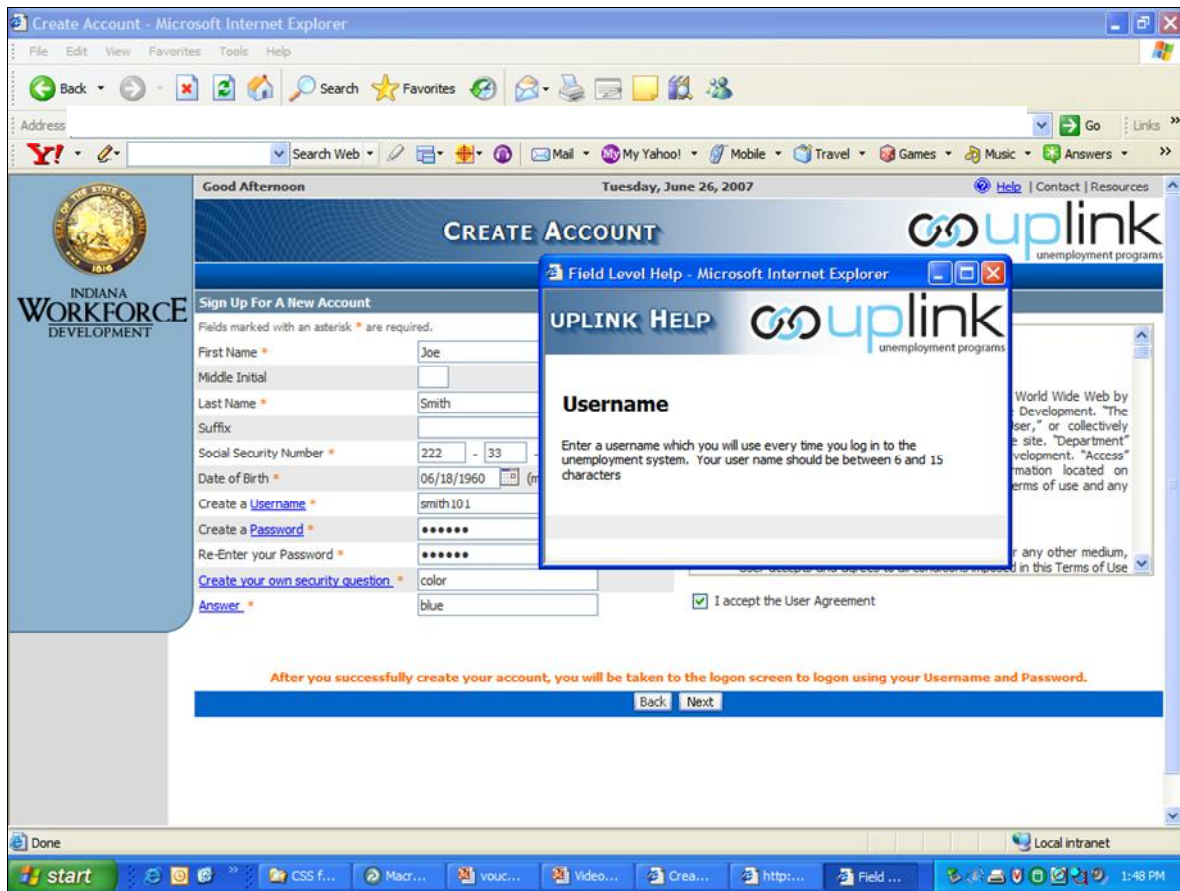
You will want to double check your Social Security Number to be sure you entered it correctly. The last time your Social Security Number will appear in Uplink will be on this screen.

Your Date of Birth must be entered in the format shown in the parenthesis to the right of that field. You may also click the calendar icon to the right of the date field.



By doing so, a calendar will pop up, which you can use to select the year, month, and then the day. This will place the date chosen in the field. All date fields in Uplink have this option.

To create a new account, your Date of Birth must match the date you used when you filed your claim in the past.



You will then create a Username. The word **Username** is shown as a hyperlink. There are many words in Uplink that are hyperlinks. If you click on the hyperlink, a popup box will appear displaying the word's definition. In this case it will tell you a Username must be between 6 and 15 characters.

If a popup box fails to appear after clicking on a hyperlink, the most likely cause will be your computer's popup blocker. You will need to turn off all popup blockers before viewing definitions. The way to do this will vary depending on the version of the browser you are using.

Good Afternoon Monday, December 4, 2006

CREATE ACCOUNT

Sign Up For A New Account

Fields marked with an asterisk * are required.

First Name *

Middle Initial

Last Name *

Suffix

Social Security Number * - -

Date of Birth * (mm/dd/yyyy)

Create a Username *

Create a Password *

Re-Enter your Password *

Create your own security question *

Answer *

User Agreement

Website Terms of Use Agreement

- Definitions.**
www.dwd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dwd.in.gov. "User," or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dwd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.
- Acceptance of Terms.**
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use

☒ I accept the User Agreement

After you successfully create your account, you will be taken to the logon screen to logon using your Username and Password.

[Back](#) [Next](#)

After you enter your Username, double check to be sure you did not misspell it. Misspelled Usernames are a common problem for many new Uplink customers. You will need your Username to log in to Uplink in the future.

Next you will need to enter a password, reenter it, and create a security question and answer. Keep in mind your password is case sensitive. You'll want to make your security question is a question you will be able to answer later. Make sure you did not misspell your answer. Misspelled security answers are also a common problem for Uplink customers. Keep in mind the answer you type is also case sensitive. Examples of a security question are "What is my mother's maiden name?" or "What is my favorite color?"

Next, you must read and accept the User Agreement on the right and when you are finished, be sure to click the **Next** button.

Do not use the **Enter** key on your computer's keyboard. This may cause you to lose the information you just entered.

Create Account Confirmation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Mail My Yahoo! Mobile Travel Games Music Answers

Address

Search Web

Good Afternoon Tuesday, June 26, 2007 Help Contact Resources

CREATE ACCOUNT CONFIRMATION **couplink**
unemployment programs

Sign Up For A New Account

Fields marked with an asterisk * are required.

First Name * Joe

Middle Initial

Last Name * Smith

Suffix

Social Security Number * 222 - 33 - 4444

Date of Birth * 06/18/1960 (mm/dd/yyyy)

Create a Username * smith101

Create a Password * *****

Re-Enter your Password * *****

Create your own security question * color

Answer * blue

User Agreement

Website Terms of Use Agreement

1. **Definitions.**
www.dwd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dwd.in.gov. "User," or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dwd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.

2. **Acceptance of Terms.**
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use

☒ I accept the User Agreement

Please take time to check your Social Security Number and Date of Birth. This information will be verified with the Social Security Administration.

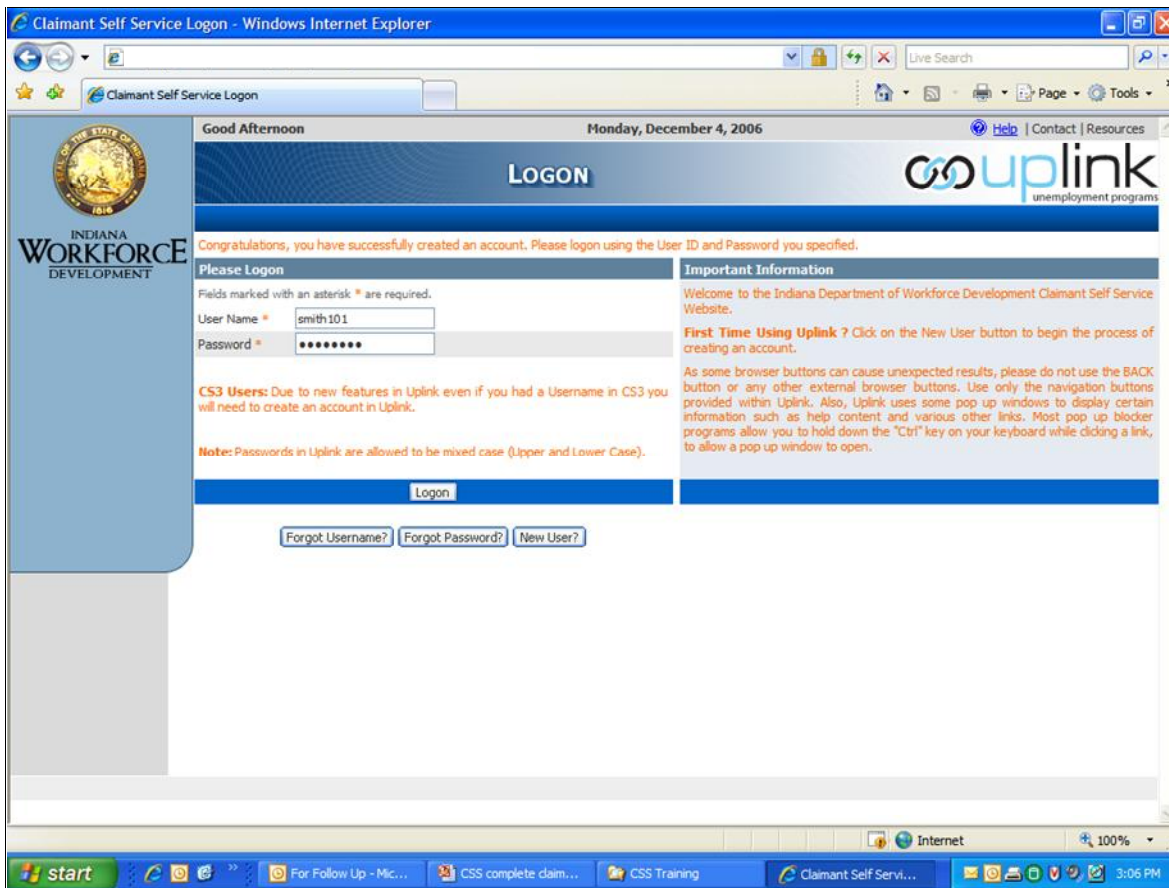
After you successfully create your account, you will be taken to the logon screen to logon using your Username and Password.

Back Next

Done Local intranet

start CSS for ... Macrom... voucher... Video C... Create ... http://u... 1:49 PM

After you verify your Social Security Number and Date of Birth, click the **Next** button.



Now that you have an account established, you will be asked to logon. This is done by entering your newly created user name and password, and clicking the **Logon** button.

If you forget your username or password, you can click on the appropriate button. You will then be asked for your Social Security number and date of birth, and be required to answer your security question. Once this information is successfully entered, your password will be reset. You must then create and reenter a new password.

If you clicked on the **Forgot Username** button, pay close attention to the Username that will be displayed for you after you enter your security answer. This is how you will need to spell your Username when you log back in.

Claimant Registration : Personal Information - Windows Internet Explorer

Good Afternoon Monday, December 4, 2006

CLAIMANT REGISTRATION : PERSONAL INFORMATION **couplink**
unemployment programs

Please provide your personal information

Fields marked with an asterisk * are required.

Date of Birth * 06/18/1960 (mm/dd/yyyy)

Last Name * SMITH

First Name * JOE

Middle Initial

Other Last Name worked under 1

Other Last Name worked under 2

Other Last Name worked under 3

Suffix

Gender * Male

Note: We only need other last names you have worked under in the last 18 months

Next

Now you will begin the registration process. You will be asked for your personal information. If you have already had a claim, this information will already be listed. You may edit any information that has changed.

Be sure to double check your Date of Birth while you are on this screen. This will be the only time you'll be permitted to correct it.

Claimant Registration : Address - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

CLAIMANT REGISTRATION : ADDRESS

JOE SMITH

Please provide your address information

Fields marked with an asterisk * are required.

Country*	USA
Mailing Address*	10 N. Main St.
Mailing Address City*	Indianapolis
Mailing Address State*	Indiana
Mailing Address Zip code*	46201 -

[Next](#)

INDIANA WORKFORCE DEVELOPMENT

Personal Information

Address

Contact Information

Demographics

start For Follow Up - Mic... CSS complete claim... CSS Training Claimant Registrati... 3:07 PM

You will enter your address on this screen.

Claimant Registration : Contact - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

CLAIMANT REGISTRATION : CONTACT

JOE SMITH

Please provide your contact information

Home Telephone	<input type="text"/>	(xxx-xxx-xxxx)
Alternate Telephone	<input type="text"/>	(xxx-xxx-xxxx)
Cellular Telephone	<input type="text"/>	(xxx-xxx-xxxx)
Fax Number	<input type="text"/>	(xxx-xxx-xxxx)
Email Address	<input type="text"/>	(xxx@yyy.zzz)

[Next](#)

INDIANA WORKFORCE DEVELOPMENT

Personal Information

Address

Contact Information

Demographics

Internet 100%

start For Follow Up - Mic... CSS complete claim... CSS Training Claimant Registrati... 3:08 PM

Contact information is not mandatory, but recommended. This will help us contact you quickly due to any problems with your claim. The correct format must be entered.

Claimant Registration : Demographics - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

CLAIMANT REGISTRATION : DEMOGRAPHICS

JOE SMITH

Please provide your Demographic information

Fields marked with an asterisk * are required.

Education Level *	12 - Twelfth Grade
Race *	Unknown
Ethnicity *	Not Available
Disabled*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Veteran*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Citizen*	<input checked="" type="radio"/> Yes <input type="radio"/> No

Enter alien registration number only if not a citizen.

Next

You are then asked for demographic information. You must select your Education Level, Race and Ethnicity, (these two for statistical purposes) and answer Yes or No for if you are Disabled, a Veteran, and/or a Citizen. If you are not a Citizen, an Alien Registration number must be entered.

Apply for Benefits : Initial Filing - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

APPLY FOR BENEFITS : INITIAL FILING

JOE SMITH

Fields marked with an asterisk * are required.

Has all of your employment been in Self-Employment since 07/01/2005? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you applied for benefits in another state at any time since 07/01/2005? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Has all of your employment been in another state since 07/01/2005? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Has any of your employment been in another state since 07/01/2005? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you currently reside in Indiana? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you been employed by the military since 07/01/2005? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you been employed by the Federal Government since 07/01/2005? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
At this moment are you in the State of Indiana? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

[Next](#)

INDIANA WORKFORCE DEVELOPMENT

- Initial Filing
- Employment
- Separation
- Other
- Work Search
- Occupation
- Summary
- Submit
- Confirmation

start | For Follow Up - Mic... | CSS complete claim... | CSS Training | Apply for Benefits ... | 3:08 PM

You are now registered in Uplink. The next series of questions are to be answered for filing a claim. The need for further information or direction is determined by the answers to the questions on this screen. The answers also determine what type of claim you are filing.

Apply for Benefits : Initial Filing - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : INITIAL FILING

JOE SMITH

Fields marked with an asterisk * are required.

Have you filed for Workers' Compensation for an injury you received on the job since 07/01/2005? * ☐ Yes ☒ No

If you answered 'Yes' to the question above, please provide your date of injury: (mm/dd/yyyy)

Are you currently self-employed? * ☐ Yes ☒ No

Are you currently attending school or training? * ☐ Yes ☒ No

Is there a medical reason you cannot accept full-time work? * ☐ Yes ☒ No

Is there any other reason you cannot accept immediate full-time employment? * ☐ Yes ☒ No

Are you able and available for full-time work? * ☐ Yes ☒ No

Next

Answers to these questions determine the need for further fact finding as well.

Be sure to read each question carefully before answering. An answer to some of these questions could require further fact finding, and answering incorrectly could create a delay on your claim. For example, you must still be able and available for full-time work even if you are job-attached and excused from looking for work.

If you are unsure how to answer any of these questions you may contact Indiana Department of Workforce Development's Uplink Customer Service Center by calling 1-800-891-6499 for assistance.

Apply for Benefits : Separating Employer - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : SEPARATING EMPLOYER **couplink** unemployment programs

JOE SMITH
Your base period is from 07/01/2005 to 06/30/2006.

Employer Name	Select your Last Employer	Dates of Employment
RIVER BEND RESTAURANT & LOUNGE LLC, DBA	<input checked="" type="radio"/>	11/06/2006 (mm/dd/yyyy) to 12/01/2006 (mm/dd/yyyy)
RIVER BEND RESTAURANT & LOUNGE LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
GUERREROS FAMILY RESTAURANT, DBA	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
GUERREROS FAMILY RESTAURANT	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
LITTLE BIGHORN GOLF CLUB LLC, DBA LITTLE BIGHORN GOLF CLUB LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
VILLA ON DELAWARE LLC, DBA VILLA ON DELAWARE LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)

Note: The end date is required for the last employer

If your last employer is not listed above, [click here](#) to add your last employer.

Note: A last employer must either be selected above or added

Next

Names of employers you have worked for in the past will automatically appear on this screen. If one of the employers listed is your most recent employer, (the very last employer you worked for, even if it's part-time) you should click on the appropriate circle in the **Select your Last Employer** column, enter the dates of employment, and click on Next at the bottom of the screen.

If your last employer is not listed, you must click on the words **click here** to add your last employer to this screen.

It is very important to only select your very last employer, even if you were working part-time. If none of the employers you worked for during the last 18 months are listed, or employers are listed that you do not recognize, you may have accidentally mistyped your Social Security Number when establishing your account. You will want to immediately log off and click the **New User** button to recreate your account. Be sure to use a completely different Username this time. If you still have the same problem when you get to this screen the second time, contact Indiana Department of Workforce Development's Uplink Customer Service Center for assistance by calling 1-800-891-6499.

Apply for Benefits : Add Employer - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : ADD EMPLOYER

JOE SMITH

Please identify your last employer by using one of the following options.

Option 1
Enter the employer name and click on the Search button

Chrysler Search

Option 2
If you are unable to find your employer from the search option above, click on the Manual Entry button

Manual Entry

Employer Selected

<input type="radio"/> RIVER BEND RESTAURANT & LOUNGE LLC, DBA RIVER BEND RESTAURANT & LOUNGE LLC	1717 EAST WAYNE STREET SOUTH BEND IN, 46615
<input type="radio"/> GUERREROS FAMILY RESTAURANT, DBA GUERREROS FAMILY RESTAURANT	2241 STATE ST COLUMBUS IN, 47201
<input type="radio"/> BOYS & GIRLS CLUB OF FORT WAYNE INC, DBA BOYS & GIRLS CLUB OF FORT WAYNE INC	2609 FAIRFIELD AVENUE SUITE 102 FORT WAYNE IN, 46807
<input type="radio"/> NEXSTAGE INC, DBA NEXSTAGE INC	5515 W 86TH STREET INDIANAPOLIS IN, 46268
<input type="radio"/> DEPENDABLE DRYWALL INC, DBA DEPENDABLE DRYWALL INC	2770 S KENNARD SHIRLEY IN, 47384

Remove Selected Employer

Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

Finished adding employers. Continue to next screen

You may search for your last employer by typing your employer's name and clicking the **Search** button under Option 1, or you may click on the **Manual Entry** button under Option 2 to enter your employer information manually.

Apply for Benefits : Search Employer - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : SEARCH EMPLOYER

JOE SMITH

Fields marked with an asterisk * are required.

Employer Name * Chrysler Phone Number (999-999-9999)

Employer FEIN Zip Code

Search

Select an employer, enter dates of employment then click on the Add Employer button

<input checked="" type="radio"/>	ANDERSON CHRYSLER-PLYMOUTH-DODGE INC	3025 N SCATTERFIELD RD ANDERSON IN, 46012
<input type="radio"/>	ARNELL CHRYSLER-PLYMOUTH-DODGE INC	239 MELTON RD BURNS HARBOR IN, 46304
<input type="radio"/>	AUBURN CHRYSLER DODGE & JEEP INC	507 S GRANDSTAFF DR AUBURN IN, 46706
<input type="radio"/>	BATESVILLE CHRYSLER-PLYMOUTH-DODGE INC	1320 ST RTE 46E BATESVILLE IN, 47006
<input type="radio"/>	BILL GADDIS CHRYSLER PLYMOUTH INC	1717 N WHEELING MUNCIE IN, 47303

Enter dates of Employment: From (mm/dd/yyyy) To (mm/dd/yyyy)

To add the employer selected above click the Add Employer button: **Add Employer**

Can't find your Employer? [Click here to add the employer manually.](#)

Back

If you select Option 1, a list of employer's names will appear, each name containing the string of characters you typed to use for searching on the previous screen. If your last employer appears in this list, you may select it by clicking in the circle to the left of your employer's name, enter the dates of your employment and click on the **Add Employer** button. This will place your employer's name in the list of your employers on the previous screen.

If you are unsuccessful in searching for your last employer by name, you may click on **Click here** and add your employer information manually.

Apply for Benefits : Add Employer - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : ADD EMPLOYER

JOE SMITH

Please identify your last employer by using one of the following options.

Option 1
Enter the employer name and click on the Search button

Option 2
If you are unable to find your employer from the search option above, click on the Manual Entry button

Employer Selected

<input checked="" type="radio"/> RIVER BEND RESTAURANT & LOUNGE LLC, DBA RIVER BEND RESTAURANT & LOUNGE LLC	1717 EAST WAYNE STREET SOUTH BEND IN, 46615
<input type="radio"/> GUERREROS FAMILY RESTAURANT, DBA GUERREROS FAMILY RESTAURANT	2241 STATE ST COLUMBUS IN, 47201
<input type="radio"/> BOYS & GIRLS CLUB OF FORT WAYNE INC, DBA BOYS & GIRLS CLUB OF FORT WAYNE INC	2609 FAIRFIELD AVENUE SUITE 102 FORT WAYNE IN, 46807
<input type="radio"/> NEXSTAGE INC, DBA NEXSTAGE INC	5515 W 86TH STREET INDIANAPOLIS IN, 46268
<input type="radio"/> DEPENDABLE DRYWALL INC, DBA DEPENDABLE DRYWALL INC	2770 S KENNARD SHIRLEY IN, 47384

[Remove Selected Employer](#)

Employer(s) may be added using one of the Options listed above, or continue to the next screen by pressing the Finish button below.

Finished adding employers. Continue to next screen

Regardless of the Option you chose, once your last employer appears in the list, you may click on the **Finished adding employers. Continue to next screen** button.

Apply for Benefits : Separating Employer - Windows Internet Explorer

unemployment programs

JOE SMITH

Your base period is from 07/01/2005 to 06/30/2006.

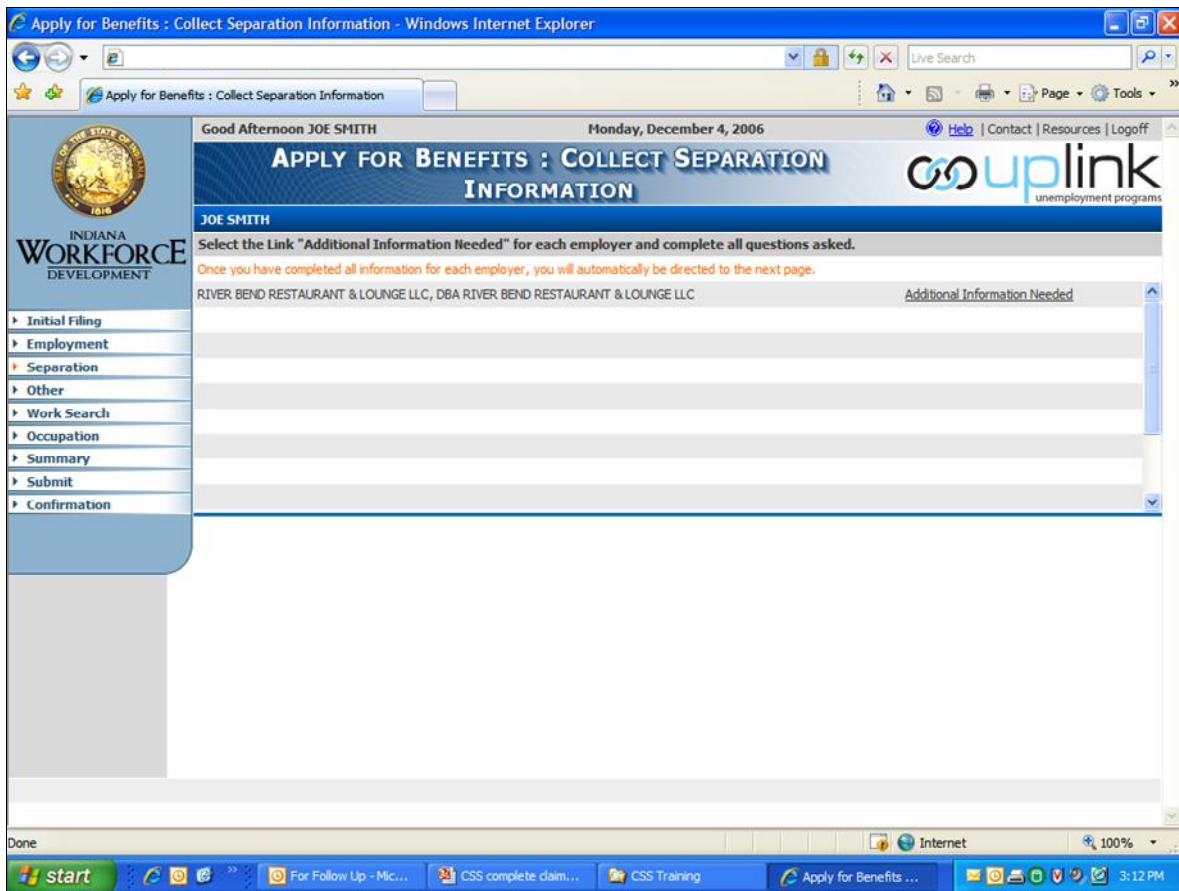
Employer Name	Select your Last Employer	Dates of Employment
Note: The end date is required for the last employer		
RIVER BEND RESTAURANT & LOUNGE LLC, DBA	<input checked="" type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
RIVER BEND RESTAURANT & LOUNGE LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
GUERREROS FAMILY RESTAURANT, DBA	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
GUERREROS FAMILY RESTAURANT	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
BOYS & GIRLS CLUB OF FORT WAYNE INC, DBA	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
BOYS & GIRLS CLUB OF FORT WAYNE INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
NEXSTAGE INC, DBA NEXSTAGE INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
DEPENDABLE DRYWALL INC, DBA DEPENDABLE	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
DRYWALL INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
JACQUES DIAMOND TOOL & WHEEL LLC, DBA	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
JACQUES DIAMOND TOOL & WHEEL LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
MURRAY MARKETPLACE INC, DBA MURRAY	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
MARKETPLACE INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
MAID BRIGADE OF NORTHERN INDIANAPOLIS	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
IN, DBA MAID BRIGADE OF NORTHERN	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
INDIANAPOLIS IN	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
MARTY INC, DBA MARTY INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
PARTI-PAK LIQUORS INC, DBA PARTI-PAK	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
LIQUORS INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
LITTLE BIGHORN GOLF CLUB LLC, DBA LITTLE	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
BIGHORN GOLF CLUB LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
VILLA ON DELAWARE LLC, DBA VILLA ON	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
DELAWARE LLC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
ANDERSON CHRYSLER-PLYMOUTH-DODGE INC,	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
DBA ANDERSON CHRYSLER-PLYMOUTH-DODGE	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)
INC	<input type="radio"/>	(mm/dd/yyyy) to (mm/dd/yyyy)

If your last employer is not listed above, [click here](#) to add your last employer.

Note: A last employer must either be selected above or added

Next

You will then select your last employer, enter your dates of employment, and click on **Next**.



If only one employer is listed, this screen will not appear. If this screen does appear, click on the **Additional Information Needed** link to answer more questions about your employment with this last employer.

If you see this screen but do not see this link, you will need to scroll to the right. If you are trying to click on the **Additional Information Needed** link and fact finding questions fail to appear, the most likely cause will be your popup blocker. You must turn off all popup blockers to continue. The way to do this will vary depending on the browser you are using.

Apply for Benefits : Separation - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : SEPARATION

JOE SMITH

Employer Name: _____

Reason Employment ended:

If Quit or Discharge, select the reason why:

Will you be returning to work for this employer and have been given a return to work date? ☐ Yes ☒ No

If you will be returning to work for this employer, enter return to work date: (mm/dd/yyyy)

Last date for which wages will be paid: (mm/dd/yyyy)

Will you/are you receiving [separation pay](#) from this employer? ☒ Yes ☐ No

Will you/are you receiving vacation pay from this employer? ☐ Yes ☒ No

[Next](#)

Here, you will select the reason your employment ended along with other information regarding your separation.

The last date for which wages will be paid is the last day you were actually paid for, not the day you received your last paycheck. In other words, if you last worked on a Wednesday the 8th and were paid for 2 additional days of vacation through Friday the 10th, the last date for which wages will be paid to you would be that Friday the 10th, even if you don't get your check until the 17th.

Apply for Benefits : Other Separation - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : OTHER SEPARATION

JOE SMITH

Fields marked with an asterisk * are required.

Are you currently receiving any disability benefits? * ☐ Yes ☒ No

Are you a member in good standing of a union with a hiring hall? * ☐ Yes ☒ No

Union Dues Paid Through Date (mm/dd/yyyy)

Are you/will you receive pension pay from a base period employer? * ☐ Yes ☒ No

Did you/will you receive either a \$0.1K lump sum distribution or a \$0.1K monthly distribution from a base period employer? ☐ Yes ☒ No

If you are eligible to receive benefits, would you like Federal income tax withheld from your claim check? * ☐ Yes ☒ No

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? * ☐ Yes ☒ No

If yes, what is your start / return to work date? (mm/dd/yyyy)

Next

You will answer more pertinent questions on this screen.

You will mark **Yes** to “**Are you/will you receive a pension from a base period employer**” only if you are planning to collect a pension during your unemployment claim period. For example, if you are 30 years old and are not planning on receiving your pension from this employer until you turn 65, you would answer **No** to this question.

Apply for Benefits : Work Search - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

APPLY FOR BENEFITS : WORK SEARCH

JOE SMITH

Fields marked with an asterisk * are required.

Primary occupation you are looking for : *

Secondary occupation you are looking for :

Select a Workone center for work search help:

What was your rate of pay from RIVER BEND RESTAURANT & LOUNGE LLC, DBA RIVER BEND RESTAURANT & LOUNGE LLC: * \$ per

Lowest rate of pay you are willing to accept: * \$ per

If you have stated a higher wage than your last wage, please explain why?

[Next](#)

INDIANA WORKFORCE DEVELOPMENT

- Initial Filing
- Employment
- Separation
- Other
- Work Search**
- Occupation
- Summary
- Submit
- Confirmation

couplink
unemployment programs

start | For Follow Up - Mic... | CSS complete claim... | CSS Training | Apply for Benefits ... | 3:14 PM

You will then answer questions regarding the type of work and rate of pay you wish to accept. You will also select the WorkOne center you wish to visit to assist with your work search.

Apply for Benefits : Occupation - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

APPLY FOR BENEFITS : OCCUPATION **couplink**
unemployment programs

JOE SMITH

Select your occupation below by either selecting the letter of the name your occupation begins with or entering the name.
This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

ABCDEFGHIJKLMNOPQRSTUVWXYZ
OR
Enter occupation here

Search Results
Please select from the following list:

<input type="radio"/> Aircraft Rigging Assemblers	<input type="radio"/> Aircraft Structure Assemblers, Precision
<input type="radio"/> Aircraft Structure, Surfaces, Rigging, and Systems Assemblers	<input type="radio"/> Aircraft Systems Assemblers, Precision
<input checked="" type="radio"/> Assemblers and Fabricators, All Other	<input type="radio"/> Carpenter Assemblers and Repairers
<input type="radio"/> Electric Motor and Switch Assemblers and Repairers	<input type="radio"/> Electrical and Electronic Equipment Assemblers
<input type="radio"/> Electromechanical Equipment Assemblers	<input type="radio"/> Engine and Other Machine Assemblers

You must then select the job title that best describes your occupation. You may do so by clicking on the letter your occupation begins with or by typing your occupation in the search box and clicking on **Search**. You may need to scroll to the right to see the **Search** link.

By performing either of these methods of searching, a list of occupations to choose from will be displayed. You may continue searching until you find the occupation that best matches your own.

Apply for Benefits : Summary - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

APPLY FOR BENEFITS : SUMMARY

JOE SMITH

Please carefully review each section of the information you have provided.
If you need to change something, select "Edit" button which will take you back to that section to make changes.

Personal Information			
First Name:	JOE	Middle Initial:	
Last Name:	SMITH	Suffix:	
Date of Birth:	06/18/1960	Gender:	Male
Other Last Name worked under 1:	Other Last Name worked under 2:		
Other Last Name worked under 3:			
Edit			
Country:	USA	Mailing Address:	10 N. MAIN ST.,
Mailing Address City:	Indianapolis	Mailing Address State:	IN
Mailing Address Zip code:	46201		
Edit			
Home Telephone:	Alternate Telephone:		
Cellular Telephone:	Fax Number:		
Email Address:			
Edit			
Education Level:	12 - Twelfth Grade	Race:	Unknown

Done

start For Follow Up - Mic... CSS complete claim... CSS Training Apply for Benefits ... 3:14 PM

The summary page will then be displayed. You should review the entries you made while scrolling to the bottom of the page. Clicking on the **Edit** button below any of the sections will take you to the applicable screen to make any corrections/additions needed.

Apply for Benefits : Summary - Windows Internet Explorer

Apply for Benefits : Summary

Are you currently receiving any disability benefits? No

Are you a member in good standing of a union with a hiring hall? No

Union Dues Paid Through Date

Are you/will you receive pension pay from a [base period](#) employer? No

Did you/will you receive either a [401K lump sum distribution](#) or a [401K monthly distribution](#) from a [base period](#) employer? No

If you are eligible to receive benefits, would you like Federal income tax withheld from your claim check? No

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? No

If yes, what is your start / return to work date?

[Edit](#)

Work Search

[Primary occupation](#) you are looking for : assembler

[Secondary occupation](#) you are looking for :

Nearest workforce one center: INDPLS EASTSIDE, MARION

What was your rate of pay from RIVER BEND RESTAURANT & LOUNGE LLC, DBA RIVER BEND RESTAURANT & LOUNGE LLC: 25.0 per Hour

Lowest rate of pay you are willing to accept: 25.0 per Hour

If you have stated a higher wage than your last wage, please explain why?

[Edit](#)

Occupation

Occupation: Assemblers and Fabricators, All Other

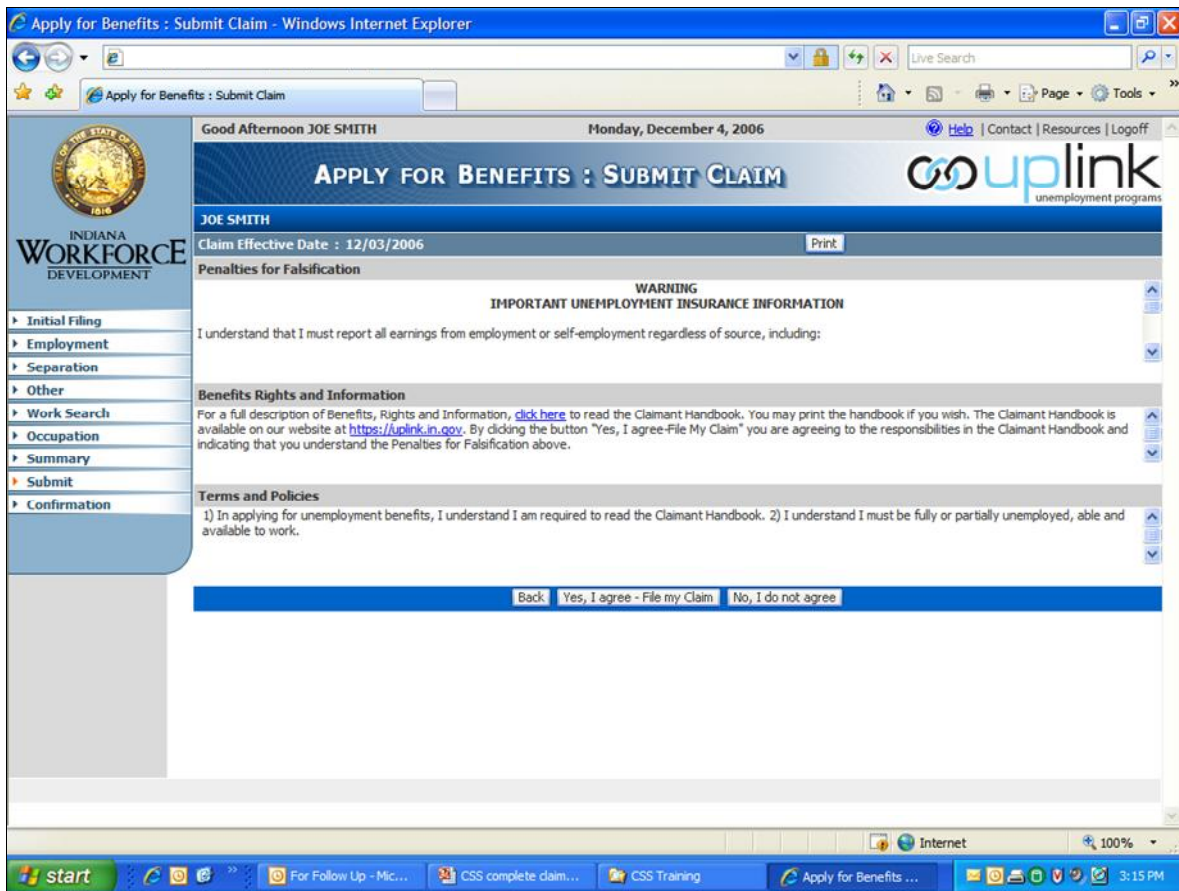
[Edit](#)

Once you have reviewed all of the above information, select 'Next' below

[Print](#) [Next](#)

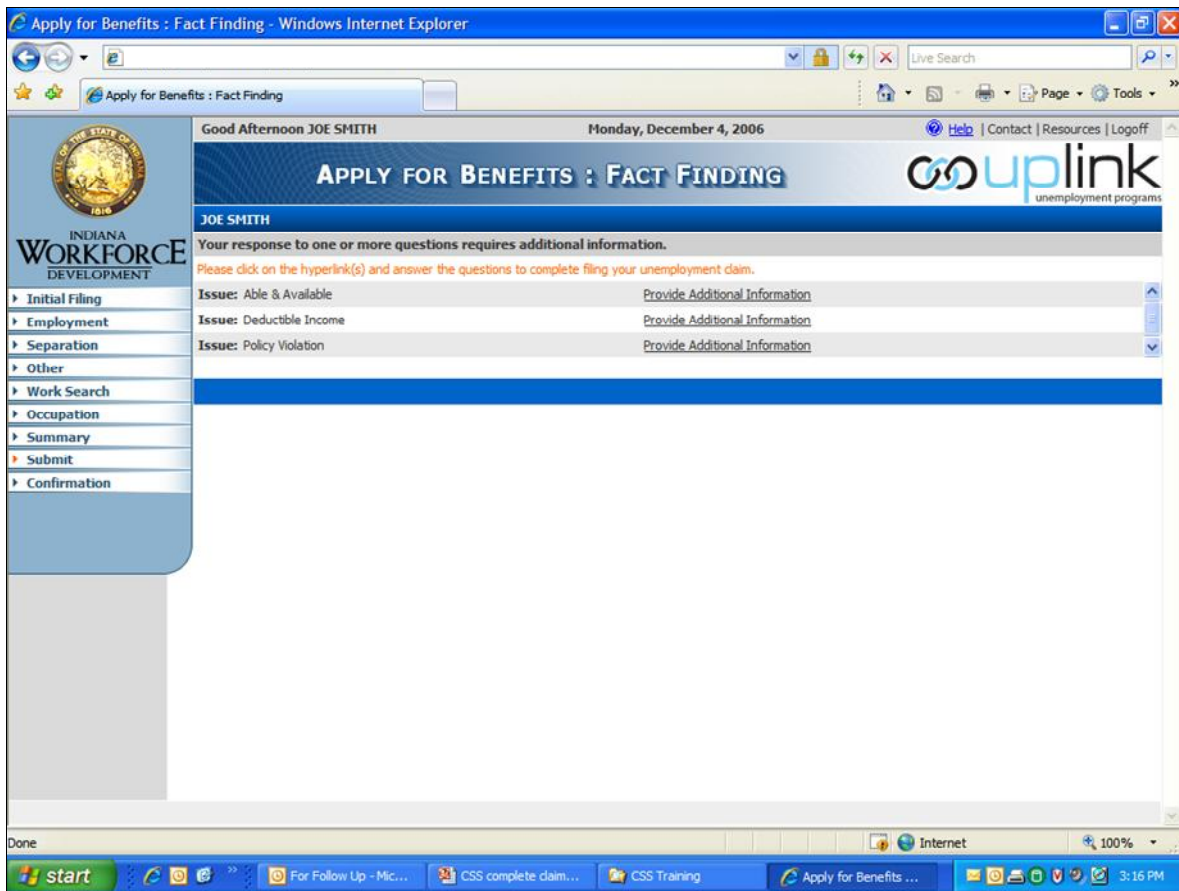
start For Follow Up - Mic... CSS complete claim... CSS Training Apply for Benefits ... 3:15 PM

Once you are satisfied with all answers given, you may click the **Print** button to print this page if desired. Then click on the **Next** button.



You will then be given information regarding Penalties for Falsification (you must use the scroll bar to the right of this section to read all of this very important information), Benefits Rights and Information, and Terms and Policies.

Then you may choose to agree to the information and file your claim, or you may choose not to agree. If you choose not to agree, you will be given information stating your entries will be kept on file for seven days in case you change your mind and decide to file your claim.



If your answer to any question creates an issue that will require adjudication, you will be asked to provide additional fact-finding information regarding the issue. Clicking on the **Provide Additional Information** link will start the fact finding process.


Again, to be able to click on these links to answer your fact finding questions, all popup blockers will need to be turned off.

Dynamic Fact Finding - Windows Internet Explorer

Dynamic Fact Finding

Good Afternoon Monday, December 4, 2006 [Help](#) [Contact](#) [Resources](#)

 **INDIANA WORKFORCE DEVELOPMENT**

 **couplink**
unemployment programs

Are you able and available for work? No

If YES - When you completed your claim you said you were NOT able and available to work. Why has your answer changed? (After you answer this question, click Next)

411



Done

start For Follow Up - Mic... CSS complete claim... CSS Training Dynamic Fact Find... 3:16 PM

You will need to answer all questions that apply to your situation.

Dynamic Fact Finding - Windows Internet Explorer

Good Afternoon Monday, December 4, 2006

Is your availability limited by some circumstance that we have not described anywhere else? (If NO, SKIP to the bottom of the page and click NEXT)

Why are you not able and available for full-time work?

When will you be able and available for full-time work?

Are you able to seek work?

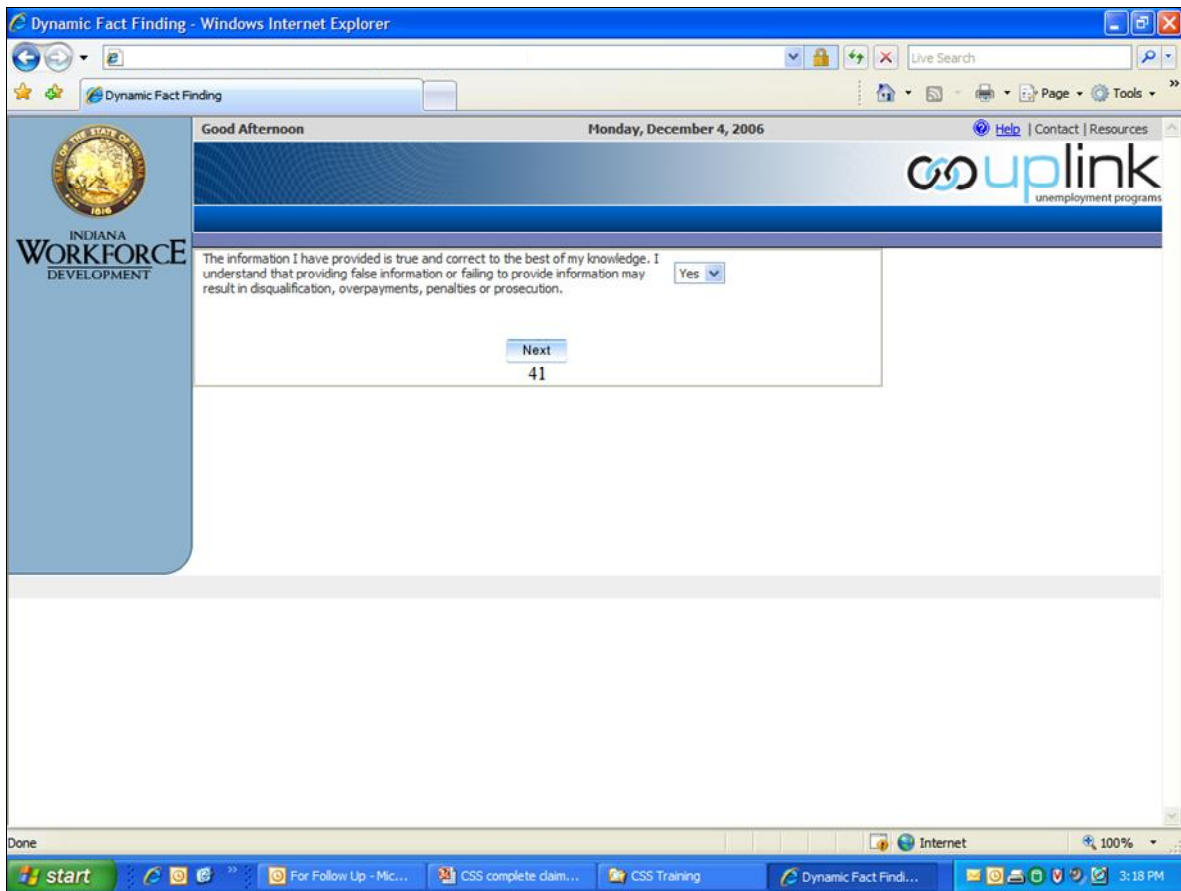
If yes, why are you able to seek work but not able and available for work?

If no, why are you not able to look for full time work?

When will you be able to look for full-time work?

130

Continue answering all applicable questions.



When fact finding is complete, you will be asked to verify that your answers are correct to the best of your knowledge and that you understand there are penalties for false information.

Dynamic Fact Finding - Windows Internet Explorer

Dynamic Fact Finding

Good Afternoon Monday, December 4, 2006

INDIANA WORKFORCE DEVELOPMENT

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unemployment programs

Summary

Are you able and available for work?	N
If YES - When you completed your claim you said you were NOT able and available to work. Why has your answer changed? (After you answer this question, click Next)	
Did lack of care for a child or dependent keep you from being available for work? (If NO, SKIP to the bottom of the page and click NEXT)	N
Is the current lack of child care temporary?	
If YES, when do you expect to have care for the child or dependent which will allow you to get to work, seek work and be able and available for full-time work?	
If NO, from your previous answers, the lack of child care or dependent care is permanent; without a specific end date. Therefore, if you were offered work, could you make arrangements for the care of your child or dependent?	
If YES, please describe those arrangements.	
Is your availability limited by lack of transportation? (If NO, SKIP to the bottom of the page and click NEXT)	N
Did you have transportation to get to work at your last job?	
When did you lose the transportation you used to get to your last job?	
Is there any alternative arrangement you could make to get to work?	
Describe that alternative arrangement.	
When do you expect to have a way to get to work and to seek work and to be able and available for full time work?	
Describe the transportation you expect to have.	
Is your availability limited because you are currently working? (If NO, SKIP to the bottom of the page and click NEXT)	N
How many hours a week do you work?	
Are you working fewer hours at this job now than you did in the past?	
If yes, did you ask to have your hours reduced?	

Done

start For Follow Up - Mic... CSS complete claim... CSS Training Dynamic Fact Find... 3:18 PM

Next is your fact finding summary screen. You may scroll through to read all of your answers.

Dynamic Fact Finding - Windows Internet Explorer

Dynamic Fact Finding

Are you working fewer hours at this job now than you did in the past?	
If yes, did you ask to have your hours reduced?	
Why did you ask to have your hours reduced?	
If your hours were reduced but not by your request, why were they reduced?	
Are you working full time?	
Could you work full time hours if they were offered to you?	
Is your availability limited because you have a new job? (If NO, SKIP to the bottom of the page and click NEXT)	N
When will you start the new job or be recalled to work?	
How many hours a week is the new job?	
Enter the name of the employer where you will be going to work.	
Enter the address of the employer where you will be going to work as completely as you can.	
Enter the phone number of the employer if you know it.	
Enter the name of the person who hired you.	
Enter the title or job of the person who hired you if you know it.	
Enter the phone number of the person who hired you if you know it.	
Is your availability limited by some circumstance that we have not described anywhere else? (If NO, SKIP to the bottom of the page and click NEXT)	N
Why are you not able and available for full-time work?	
When will you be able and available for full-time work?	
Are you able to seek work?	
If yes, why are you able to seek work but not able and available for work?	
If no, why are you not able to look for full time work?	
When will you be able to look for full-time work?	
The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution.	Y

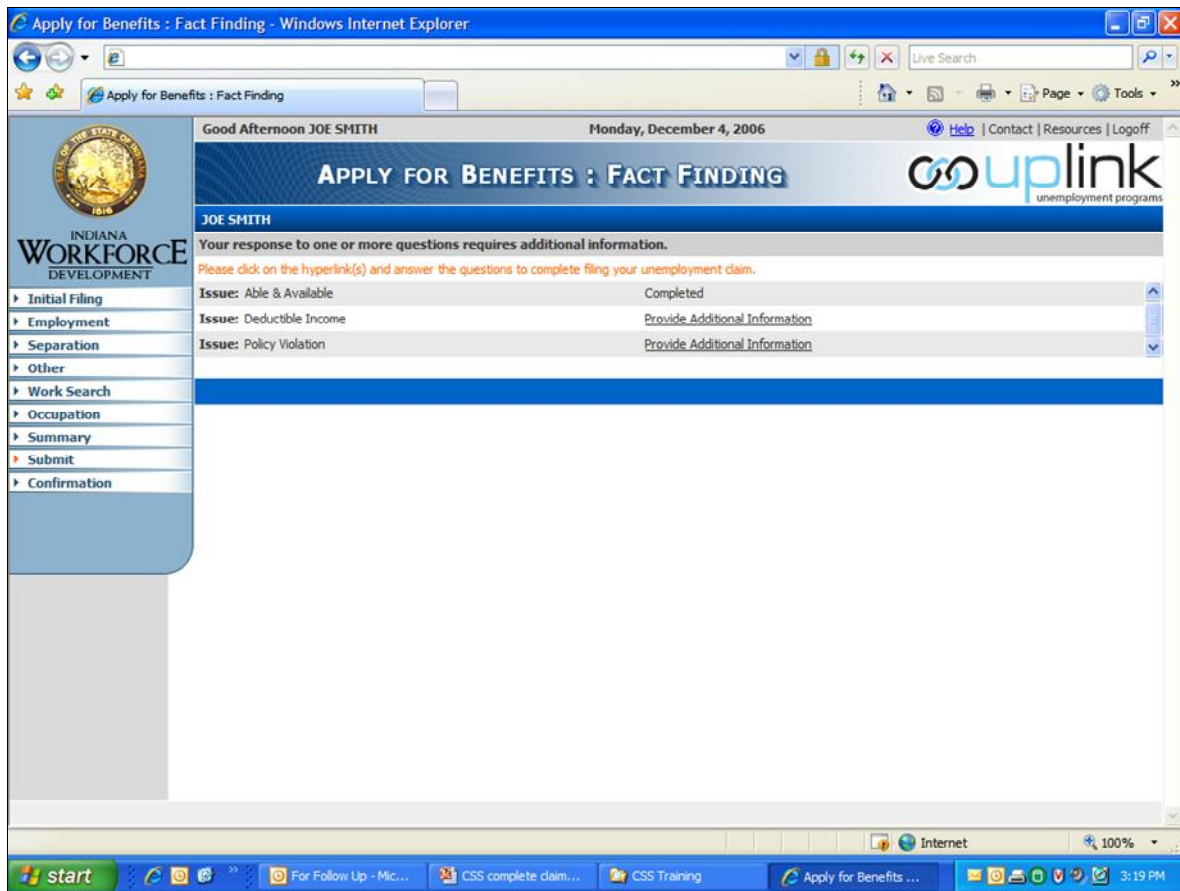
Continue Print

Done

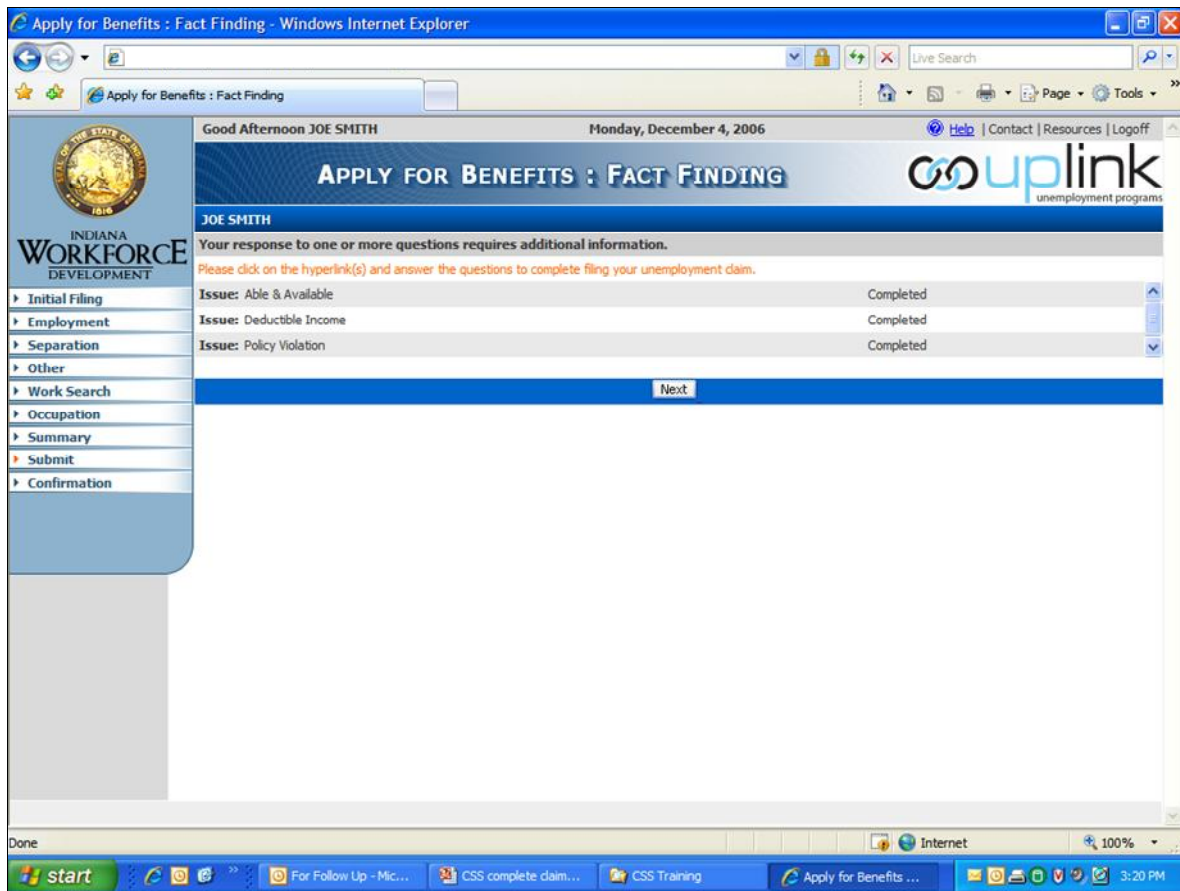
Internet 100%

start For Follow Up - Mic... CSS complete claim... CSS Training Dynamic Fact Find... 3:19 PM

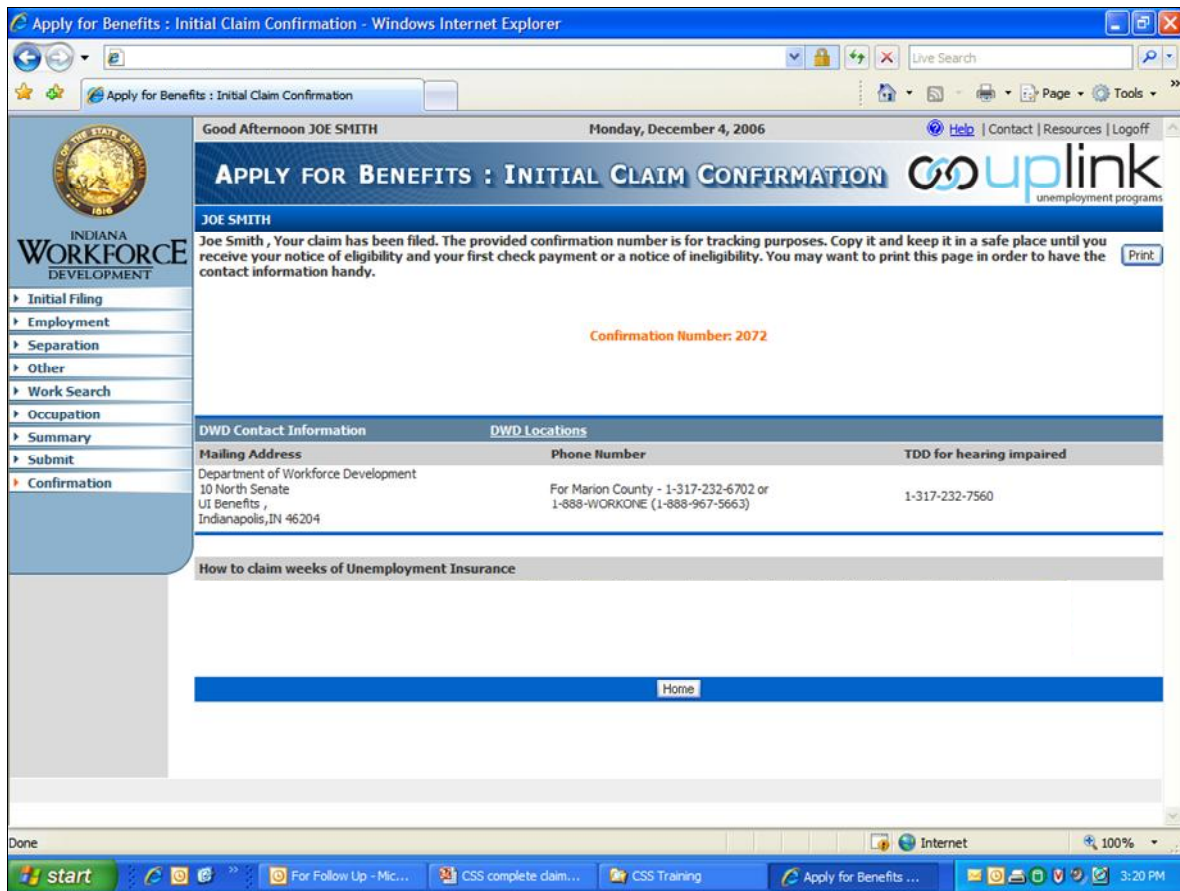
You may click the **Print** button to print this summary, or just click **Continue** to continue with your claim filing.



If there is more than one issue that requires fact finding, you will need to click the **Provide Additional Information** link each time you return here to answer the specific fact finding questions for each issue.

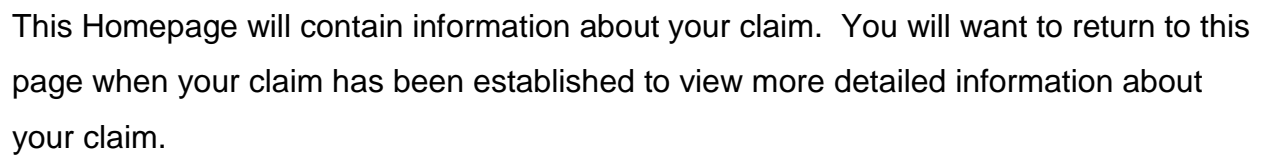


When all fact finding questions are complete, click the **Next** button. Leaving any fact finding incomplete could result in a delay on your claim.




You will then get a Confirmation screen with a Confirmation Number you should keep for future inquiries. You have the option of printing this screen.

When you are finished reading this information, you may click the **Home** button to go to your Claimant Homepage.



Good Morning Friday, December 1, 2006

CLAIMANT HOMEPAGE 

CLAIMS Overpayment Balance: \$0.00

Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status
UI	06/18/2006	<u>06/16/2007</u>	6,509	380	4,560.00	Open
UI	06/12/2005	<u>06/10/2006</u>	5,884	369	5,884.00	Expired

PAYMENTS

Week End Date	Date Claimed	Date Paid	Amount Paid
<u>09/16/2006</u>	09/18/2006	09/18/2006	342.00
<u>09/09/2006</u>	09/12/2006	09/12/2006	342.00
<u>09/02/2006</u>	09/05/2006	09/05/2006	342.00
<u>08/26/2006</u>	08/28/2006	08/28/2006	342.00
<u>08/19/2006</u>	08/21/2006	08/21/2006	342.00

ISSUES DELAYING PAYMENT

Issue	Effective Date
-------	----------------

SMARTLINKS
[Reactivate My Claim](#)


When your claim has been established, you will be able to return to this screen to view information such as weekly and maximum amount, when your claim expires, and weekly voucher status, (when and how much you are paid each week).

There is also an **Issues Delaying Payment** section that shows if you have an issue on your claim delaying your payment. If one of the issues is underlined you may click on it. This will allow you to answer further fact finding questions that will help resolve this issue.

If you click on the **Week End Date** hyperlink of your current claim, you will be taken to the Claim Homepage.

Claim Homepage - Windows Internet Explorer

Good Morning Friday, December 1, 2006

CLAIM HOMEPAGE 

Effective: 06/18/2006 End: 06/16/2007 Total Benefits: \$6,509.00 Weekly Benefit: \$380.00

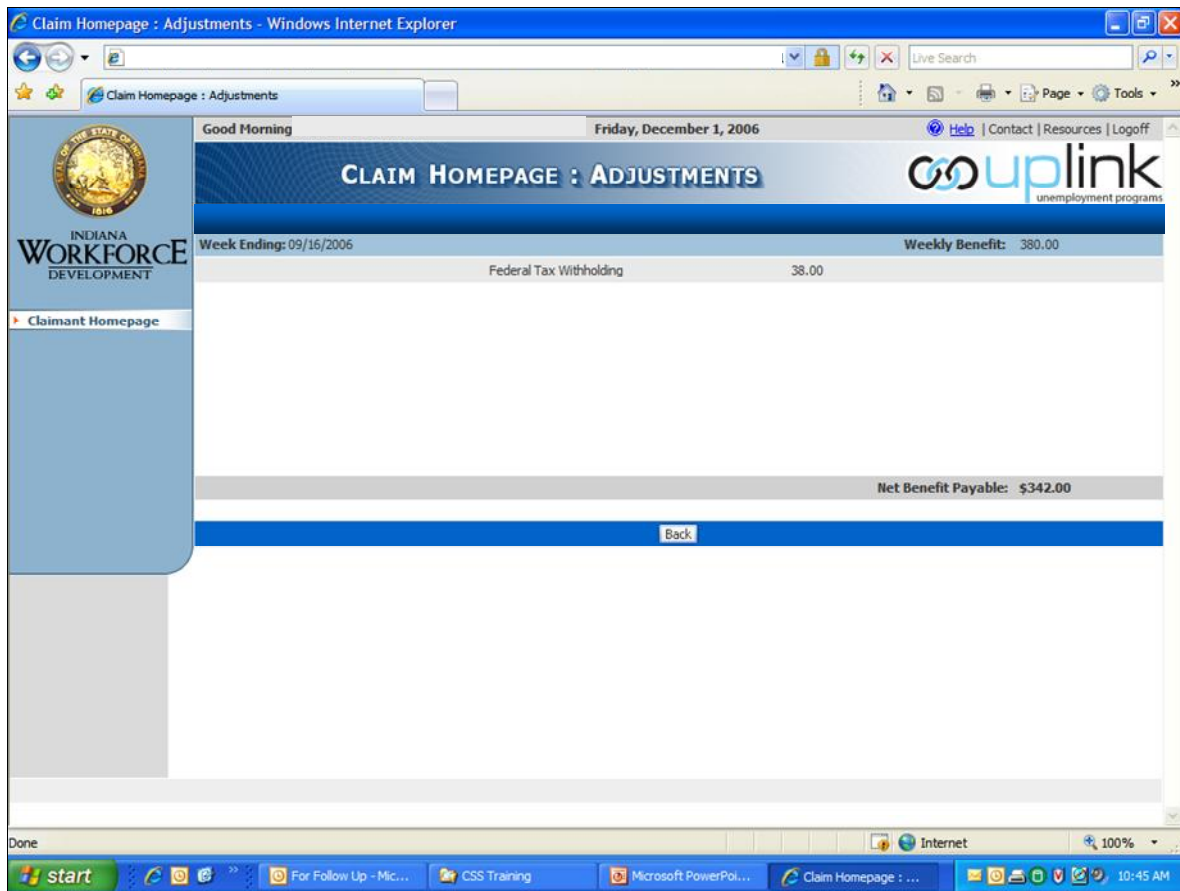
Payment Summary Overpayment Balance: \$0.00 Benefits Remaining: \$1,949.00

Benefit Week	Date Claimed	Date Paid	Amount Paid	Deductions	Issued
09/16/2006	09/18/2006	09/18/2006	\$342.00	Y	Y
09/09/2006	09/12/2006	09/12/2006	\$342.00	Y	Y
09/02/2006	09/05/2006	09/05/2006	\$342.00	Y	Y
08/26/2006	08/28/2006	08/28/2006	\$342.00	Y	Y
08/19/2006	08/21/2006	08/21/2006	\$342.00	Y	Y
08/12/2006	08/14/2006	08/14/2006	\$342.00	Y	Y
08/05/2006	08/08/2006	08/08/2006	\$342.00	Y	Y
08/05/2006	08/06/2006		\$0.00	N	N
07/29/2006	08/08/2006	08/08/2006	\$342.00	Y	Y
07/29/2006	07/31/2006		\$0.00	N	N
07/22/2006	08/08/2006	08/08/2006	\$342.00	Y	Y
07/22/2006	07/23/2006		\$0.00	N	N

Claimant Homepage

Unlike the Claimant Homepage, the Claim Homepage will give you more detailed information about weeks claimed on a specific claim.

To view information about a week in which something was deducted, (why and how much) you can click on the [Y](#) hyperlink in the **Deductions** column.



This will bring you to the Adjustments screen. This screen will give you the reason and the amount of each deduction for a particular week claimed.

To return to the Claim Homepage, click on the **Back** button.

Claim Homepage - Windows Internet Explorer

Good Morning Friday, December 1, 2006

CLAIM HOMEPAGE

John Smith

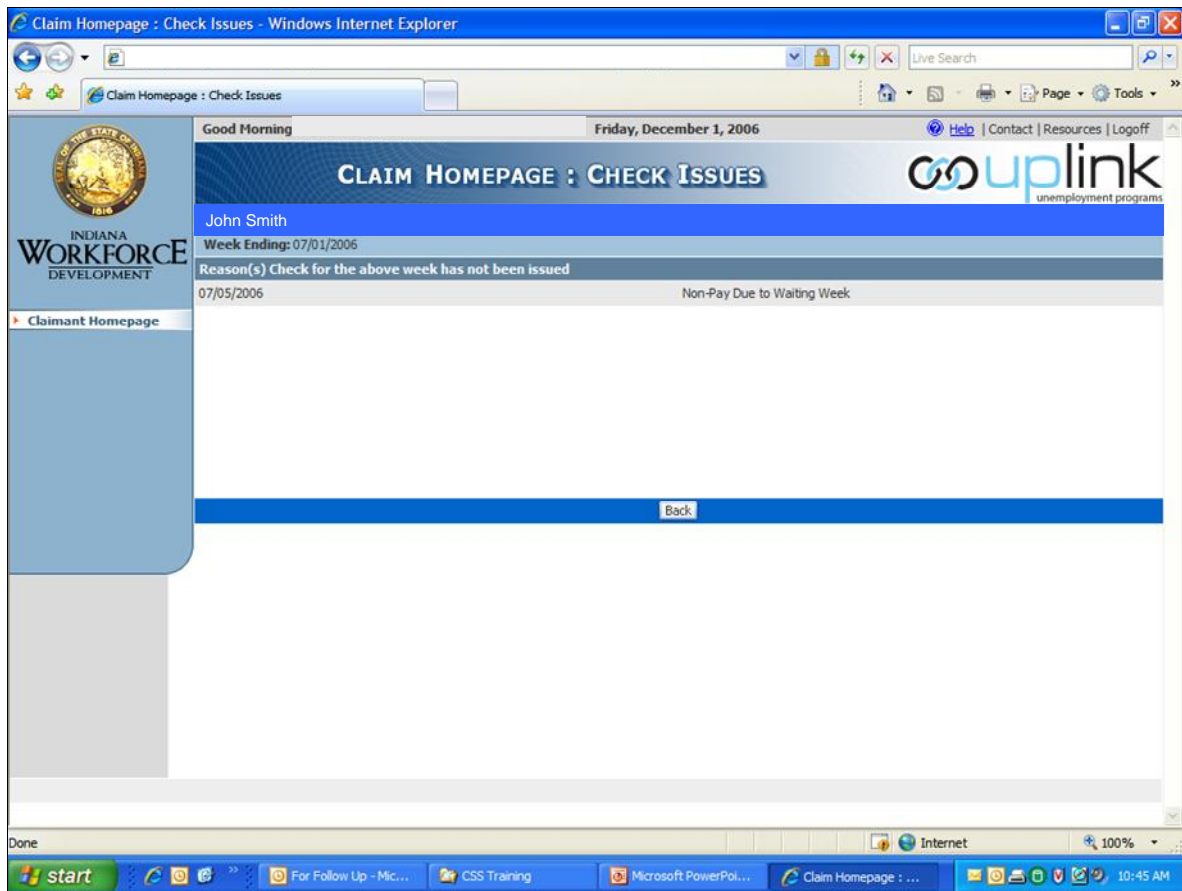
Effective: 06/18/2006 End: 06/16/2007 Total Benefits: \$6,509.00 Weekly Benefit: \$380.00

Payment Summary Overpayment Balance: \$0.00 Benefits Remaining: \$1,949.00

Benefit Week	Date Claimed	Date Paid	Amount Paid	Deductions	Issued
09/16/2006	09/18/2006	09/18/2006	\$342.00	Y	Y
09/09/2006	09/12/2006	09/12/2006	\$342.00	Y	Y
09/02/2006	09/05/2006	09/05/2006	\$342.00	Y	Y
08/26/2006	08/28/2006	08/28/2006	\$342.00	Y	Y
08/19/2006	08/21/2006	08/21/2006	\$342.00	Y	Y
08/12/2006	08/14/2006	08/14/2006	\$342.00	Y	Y
08/05/2006	08/08/2006	08/08/2006	\$342.00	Y	Y
08/05/2006	08/06/2006		\$0.00	N	N
07/29/2006	08/08/2006	08/08/2006	\$342.00	Y	Y
07/29/2006	07/31/2006		\$0.00	N	N
07/22/2006	08/08/2006	08/08/2006	\$342.00	Y	Y
07/22/2006	07/23/2006		\$0.00	N	N

Claimant Homepage

If no money was received for a particular week claimed, you can click on the **N** hyperlink in the **Issued** column to view the reason for nonpayment.



This will give you the Check Issues screen. This screen shows the reason funds were not issued.

WEEKLY CLAIMS : CERTIFICATION couplink

John Smith

Week of
09/17/2006 thru 09/23/2006

Did you look for full-time work?

Were you physically and mentally able and available for full-time work?

Did you attend school or training?

Did you work?

If yes, was this an employer you worked for between 04/01/2005 and 03/31/2006?

How much did you earn?

Did you quit the job?

If quit, select reasons why?

Were you discharged/fired from the job?

If discharged/fired, select reasons why?

Did you refuse an offer of work?

Did you take time off from work?

Did you/will you receive holiday or vacation pay?

Did you/will you receive severance pay?

Has your pension or 401K withdrawal amount changed?

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Done Internet

Once a claim has been established, you may file your weekly claim voucher online. This is a voucher. You will click on the scroll down arrow to select answers to the questions.

You may click on each question itself to get a more detailed explanation of the question.

WEEKLY CLAIMS : CERTIFICATION couplink

John Smith

CS3 Users: Some questions have changed.
Please read each question carefully before marking your answers.

Week of
02/18/2007 thru 02/24/2007

Do you want to file for this week (If NO, skip remaining questions for this week)? * Yes ▾

Did you look for full-time work? * No ▾

Were you able and available for full-time work? * Yes ▾

Was there a change in your school or training status? * No ▾

Did you work? * No ▾

If you worked, was this an employer you worked for between 10/01/2005 and 09/30/2006? ▾

If you worked, how much did you earn for the week?

Did you quit any job? * No ▾

If quit, select reasons why?

Were you discharged/fired from any job? * No ▾

If discharged/fired, select reasons why?

Did you refuse an offer of work? * No ▾

Did you take time off from work? * No ▾

Did you/will you receive holiday pay? * Yes ▾

Did you/will you receive severance or vacation pay? * No ▾

Has your pension or 401K withdrawal amount changed? * No ▾

Claimant Home Clear Next

Done Internet

Be careful when answering these questions, as the drop down box covers the next question's answer.

Once you select your answer, look at it again to be sure it is the answer you meant to choose. You'll also want to be careful when using the scroll wheel on your mouse. Using this wheel can cause you to unintentionally change your answers.

Once you have answered all questions on the voucher, click the **Next** button.

WEEKLY CLAIMS : CONFIRM ANSWERS couplink

John Smith

Week of 02/18/2007 thru 02/24/2007

Do you want to file for this week?	YES
Did you look for full-time work?	NO
Were you able and available for full-time work?	YES
Was there a change in your school or training status?	NO
Did you work?	NO
If you worked, was this an employer you worked for between 10/01/2005 and 09/30/2006?	NO
If you worked, how much did you earn for the week?	
Did you quit any job?	NO
If quit, select reasons why?	
Were you discharged/fired from any job?	NO
If discharged/fired, select reasons why?	
Did you refuse an offer of work?	NO
Did you take time off from work?	NO
Did you/will you receive holiday pay?	YES
Did you/will you receive severance or vacation pay?	NO
Has your pension or 401K withdrawal amount changed?	NO

Please review your answers carefully. Pay special attention to the notes, if any, that may be in the box below. If your answers are correct click "My answers are correct" below. If your answers are NOT correct click "I need to correct my answers" below.

Notes : These notes are to help with verification only and do not indicate that an answer is incorrect

Your answer indicates that you did NOT look for work during the week ending 02/24/2007

Your answer indicates that you had holiday pay during the week ending 02/24/2007

Return to Claim homepage I need to correct my Answers My answers are correct

Pay close attention to any comments in the box at the bottom of this screen. If you need to correct any of your answers, click the **I need to correct my Answers** button and you will be taken back to your weekly claim to correct them.

When your answers are correct, click the **My answers are correct** button.

WEEKLY CLAIMS : AGREEMENT

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unemployment programs

John Smith

VOUCHER CERTIFICATION

- I hereby certify that I fulfilled the registration for work requirements and that I am not receiving subsistence allowance for training or education that would make me ineligible for unemployment benefits.
- I certify that I have reported any and all work, earnings, and self-employment activity for this week, even though I may not have yet been paid. I have also reported anything that interfered with my ability to work full-time this week.
- I certify that all answers and information given in this application for benefits are true and accurate.
- I am aware that if I knowingly fail to disclose information or give false statements to receive unemployment benefits, I may lose my unemployment benefits, be required to repay benefits received improperly with interest and penalty, and may be subject to civil and criminal prosecution.

Back Yes, I agree - File my Claim No, I do not agree

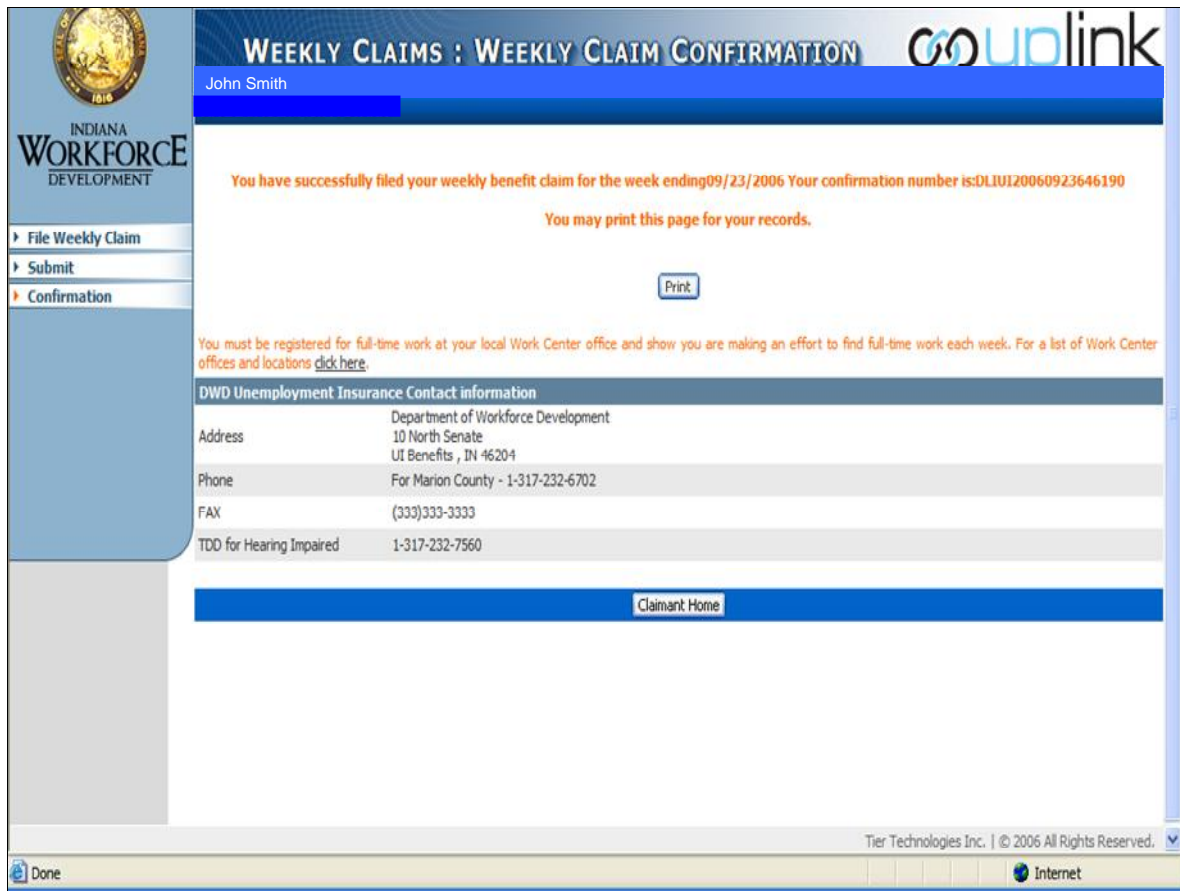
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Done Internet

Once all questions have been answered, certification of the week is required. You will need to read the information and click the **Yes, I agree – File my Claim** button to submit the voucher for payment.

If further fact finding is required, including you job contacts if you looked for work, the fact finding process will begin after you submit your weekly claim.

If you click the **No, I do not agree** button, your voucher will not be submitted, and you will be given information stating that your entries will be kept on file for three days in case you change your mind and decide to file your weekly claim.



Once submitted, you will receive confirmation. You may wish to keep this confirmation number in case of future inquiries.

You may print this screen by clicking on the **Print** button.

This screen also explains you must register for work, and you may do this online, or at a WorkOne center.

You may click the **Claimant Home** button to return to your homepage.



Thank you for using the CSS (Claimant Self Service) Tutorial

Thank you for using this tutorial. We hope this information has helped you become more familiar with the Claimant Self Service system.

THE END